DOCUMENT RESUME

ED 096 975 IR 001 156

AUTHOR Pierson, Donald E.; Yurchak, Mary Jane H.
TITLE The Brookline Early Education Project: One Model for an Early Start.
PUB DATE 8 Jul 74
NOTE 13p.; Paper presented at the American Library Association Annual Conference (New York, N.Y., July 8, 1974)

EDRS PRICE MF-$0.75 HC-$1.50 PLUS POSTAGE
DESCRIPTORS Black Community; Disadvantaged Environment; Disadvantaged Youth; *Educational Environment; Educationally Disadvantaged; Family Environment; Family Programs; Infancy; Library Programs; *Medical Services; *Parent Education; *Preschool Children; Preschool Education; Program Descriptions; Program Evaluation; Spanish Americans
IDENTIFIERS BEEP; *Brookline Early Education Project; Massachusetts

ABSTRACT

The Brookline Early Education Project (BEEP) has been initiated by the Public Schools of Brookline, Massachusetts to help parents provide an optimum learning environment for their children throughout the preschool years. Enrollment in BEEP begins at birth and the project provides educational and diagnostic services, including pediatric care. Each family is assigned a teacher with child development experience, who acts as a liaison with BEEP and helps the family use the many services of the project. The main educational themes of BEEP are the focus on the family and the treatment of the babies as healthy individuals. A comprehensive evaluation of BEEP is in progress and for this Black and Spanish-speaking families from Boston were added to the project to give a more representative cross-section. Implications for libraries are suggested. (WH)

ED 096975

THE BROOKLINE EARLY EDUCATION PROJECT:

One Model for an Early Start

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by

Donald E. Pierson
Director

and

Mary Jane H. Yurchak
Education Program Supervisor

Brookline Early Education Project
40 Centre Street
Brookline, Massachusetts 02146

IR 001 157

*Paper presented at the American Library Association Annual Meeting, New York City, July 8, 1974.

The Brookline Early Education Project has been initiated by the Public Schools of Brookline, Massachusetts to help parents provide an optimum learning environment for their children throughout the preschool years. The Program, which we call BEEP, has been described in a previous publication (Pierson, 1974) but we will review here the background and rationale, the pilot program now in operation, some of the underlying education themes, and the evaluation plan. We will conclude by offering some implications for librarians.

I. BACKGROUND

BEEP grew from three concerns held by Brookline's Superintendent of Schools, Dr. Robert I. Sperber (Sperber, 1974). The concerns were that:

1. Public education spends about 35 per cent more of its resources on adolescents than on kindergartners, despite evidence which suggests that children's cognitive processes are well formed by the eighth year of life.

2. Children are coming to school at age five with previously undetected health and learning handicaps; some of these remain undetected until the child is well into elementary school.

3. Despite the schools' extensive remedial efforts, some children never achieve their potential during their school years because schools have failed to form the collaborative relationships with families that would strengthen the role of parents as their children's primary teachers, especially during the early years.

Dr. Sperber shared these concerns with Burton White, Director of the Harvard Preschool Project in 1969. Dr. White, from his extensive research with preschool children, had drawn conclusions about the learning foundations which must be established during the preschool years if children are to have a successful educational career (White, 1973). White further

believed that the general inability of Head Start and other preschool compensatory programs to demonstrate long lasting effects was sometimes due to poor quality of the programs, sometimes due to lack of adequate follow through by the schools, but usually due to the fact that these programs started at age three or four years, which is too late.

Given the overlapping interests of Dr. Sperber and Dr. White, it was a natural outgrowth for staff from the Brookline schools to begin meeting with consultants from the Harvard Graduate School of Education, to brainstorm about prospects for a comprehensive preschool program that could operate as part of the Brookline Schools.

In the course of these exchanges, pediatricians from Children's Hospital Medical Center in Boston under the direction of Dr. Julius Richmond, former national director of Head Start and now Psychiatrist-in-Chief of the Children's Hospital Medical Center, were invited to participate. This outreach was timely because the pediatricians were being deluged by referrals, not as the result of any new infectious diseases, but rather as the result of children's school learning problems. Parents and school authorities were seeking help with increasing numbers of children who had been labeled for a variety of reasons as hyperactive, inattentive, dyslexic, behavior problem, etc. Pediatricians felt inadequate in responding to these request due to their lack of training in child development.

II. THE PILOT BEEP PROGRAM

After more than four years of discussions and planning, a pilot BEEP program emerged in 1973. Funded for the first two years of operation by the

Robert Wood Johnson Foundation and the Carnegie Corporation of New York, the program provides comprehensive diagnostic and educational services for 285 families, beginning a few months before the birth of the child and continuing through to the start of school.

Basis for Participation

In an effort to meet the needs of the total Brookline community, any resident expecting a child after March 1, 1973, was declared eligible with two conditions: the prospective parents must contact BEEP before the baby is born and they must have no immediate plans to leave the area in the next five years. In this manner, the earliest possible intervention and the longitudinal essence of the program could be realized.

While Brookline has quite a cross-section of people, it lacks substantial representation of at least two important ethnic groups: Black and Spanish-speaking families. Therefore, BEEP has made arrangements to supplement the Brookline population by enrolling Black and Hispanic families from the Boston area. By this means, the BEEP results should be more generalizable to other communities. Boston families enrolled in BEEP will have the option of sending their children to the Brookline schools at age five.

Diagnostic Services

The aim of the diagnostic services is to insure that no child progresses through the preschool years with an undetected educational or physical handicap. BEEP provides free health and developmental examinations at a neighborhood BEEP Center, beginning two weeks after the child is born. The exams are administered by a pediatrician and public health nurse affiliated with Children's Hospital and by a psychologist trained in such infancy

assessment procedures as the Bayley Scales of Infant Development (Bayley, 1969).

During the first two and one-half years, the exams are at frequent intervals: 2 weeks, 3½ months, 6½ months, 11½ months, 14½ months, 24 months, and 30 months. These early exams go beyond the typical pediatric exam by including neurologic, physical and mental areas of development. Anomalies that require further attention are referred for appropriate specialist evaluations.

Important objectives of the exams include helping parents: become well-informed about their child's unique pattern of development, gain insight into the normal range of spurts and lags in various areas of development and reserve judgments that might be based on inadequate information or one-time diagnosis. Following each exam, BEEP staff members review the child's pattern of development with the parents and send a report to the family pediatrician or health center. The review becomes more detailed as the child grows older and includes comments in several areas: neurologic evaluation, auditory screening, vision screening, growth and motor development, language, visual-perceptual-motor development, cognition and social-behavioral development.

Educational Services

The aim of the BEEP educational program is to help each child experience the best possible beginning in life by providing resources for the parents in their role as teachers of the young child. The intention is to increase parental understanding of child development and to focus on the design of home conditions that encourage the child's emerging abilities.

BEEP does not seek to accelerate or force children's development. Instead, its educational philosophy is oriented toward assisting the family in arranging for each child an environment rich in resources and in opportunities for him to exercise his natural talents.

Families are randomly assigned to one of three program levels, which vary in cost to the Project and from which other communities can later choose the one most appropriate for their needs. The three programs differ in the amount of scheduled contact between BEEP staff and parents. One program involves frequently scheduled seminars and home visits, as often as every two or three weeks; a second program has less frequent seminars and home visits, about once every four to six weeks; the third has no formally scheduled seminars or home visits.

In all levels, each family is assigned a teacher, who has an academic background in child development and who is also a parent, to be the liaison between BEEP and the family.

Aside from the program-intensity variation, all three programs provide similar basic educational services to all participating families. For instance, the families may:

- call upon their specially assigned teacher for information or help
- drop in at the Center whenever they like, bringing along their children who will be cared for by trained staff in a specially equipped playroom
- explore the materials about early childhood that BEEP has gathered together in its "resource center"
- borrow books, pamphlets and toys
- view films and videotapes on child development topics and on other aspects of childhood
- attend special events such as films on home safety, workshops on toy-making, and speakers from a variety of fields related to child development
- use BEEP's free transportation service to and from the Center
- learn about other resources for young children that exist in the Boston area-recreational, educational and medical.

III. EDUCATION THEMES

Within the BEEP education program there are several recurring themes and underlying principles. The first premise of the program is that families are the most formative factors in their children's educational development. For this reason, the focus of our program is on the family, not on infants alone. We work with parents to help them understand their child and what he can do, to design a physical world suited to nurturing his emerging interests, and to set up guides and limits for his behavior.

A second premise is that the babies participating in the BEEP program are treated as healthy individuals. We do this to avoid the stigma of labeling children in terms of deficit or disability and to reduce the possibility of setting up negative expectations in the minds of parents which may then become reality.

For example, some babies have more difficulty adjusting to life during the first few months than others do. They may have trouble establishing sleep patterns. Or they may cry more often and perhaps more intensely than other babies. It would be easy to label these children as "difficult," "fussy," or perhaps even "hyperactive."

It is our belief and one substantiated in the literature on secondary effects of learning disabilities, that once a parent begins to view his child in a negative way, management and expectations of the child are likely to change. Therefore, we encourage parents to view their infant as a unique individual -- an individual with strengths and weaknesses. We watch the children with parents as the parents identify attributes and styles that characterize their child.

A third theme is that the content and form of the BEEP program must vary with the changing abilities and interests of the child as well as with the individual needs and life-styles of the families. The content focuses on issues relevant to the child's emerging skills, to the environmental conditions appropriate to them, and to the potential management decisions which they present to parents.

During the first year, the issues include the establishment of a secure, reciprocal attachment between mother and child, and recognition by parents of the significance of the inherent curiosity and playfulness of the child. Examples of the intrinsic motivation to explore and to master body and world are pointed out. We also help parents observe the learning that occurs as the child plays.

Toward the end of the first year, several processes accelerate and provide the basis for additional program content. First, the development of capacity for receptive language increases conspicuously during this period. Second, the emergence of locomotor ability (crawling, walking and climbing) combines with intense curiosity about things and places with poor control of the body and with ignorance of common dangers in a potentially hazardous way. Third, sometime toward the end of the first year of life, babies become increasingly aware of themselves as independent agents with separate identities. The form of this identity is shaped largely through interactions with the family, particularly the primary caretaker. These interactions seem to shape the baby's basic orientations toward people in general and contribute greatly to the kind of social being he will become.

The period near the end of the first year involves several opportunities for parents to make conscious child-rearing decisions. The BEEP educational staff helps parents identify the issues and their attitudes. Parents are encouraged to make choices appropriate to the needs of the child but also consistent with the rights of other people. Teachers continue to watch

the child's development with his parents, pointing out his particular style and characteristics and stressing the concept that each child is unique.

For example, with regard to the area of language acquisition, a teacher may visit the home of a baby about one month old. She knows that most babies at this time respond to and enjoy soft noises in the environment. Thus she may suggest to the parents that they provide him with toys that make gentle noises such as wind chimes or soft musical mobiles. She may also suggest that the parents make quiet noises to the baby such as gently shaking a rattle, ringing a small bell, jingling a key chain, and of course talking and singing to him. A month or so later the teacher is likely to suggest making the same noises but alternating sides of the baby in a simple game.

The same baby at about four months of age may be vocalizing or babbling when he hears someone making "his" sounds. Parents will then be encouraged to converse with him, perhaps as they engage in daily caretaking routines. They will be encouraged to look baby in the eye, to touch him, to talk to him, to listen for his response and to vary their responses to reflect his.

Still a few months later, the teacher will suggest labeling activities, rhythmic word games, and sharing with the baby pictures and books with interesting word sound combinations.

One other BEEP theme that merits mentioning here is the role of fathers in the child rearing process. Our original bias was that the education program would be directed primarily to mothers, stressing their importance as primary caretakers. Increasing concern in the education literature and interest on the parts of many of our participating families have caused us to re-examine this position. In many BEEP families fathers share childcare responsibilities with working mothers. In others, although the mother is the primary caretaker,

the father participates regularly in after-work and weekend care. Certainly many of our fathers really want to be well informed about their child's growth and development and to share in important child rearing decisions. At BEEP we view this whole-family orientation toward child rearing as a positive development; we consider it a particularly exciting challenge to provide opportunities and materials to foster it.

IV. PROGRAM EVALUATION

The research purposes are to determine benefits and costs of providing the comprehensive diagnostic and education services. There are three aspects to the research plan:

1. four comparisons of the developmental growth of children born during 1973 and 1974 and enrolled in the Brookline Early Education Project with that of children born during 1972 at age 14½ months, age 30 months, entry into school, and second grade;

2. comparisons among the three education programs with regard to benefits and costs for the children and families involved;

3. determination of the effectiveness of the specific diagnostic procedures in predicting subsequent growth and learning handicaps.

BEEP staff members thoroughly document as much of the operation as possible in order to describe the various impacts on families, the staff, school, medical profession and community-at-large. A Project Historian, trained as a research psychologist, is also compiling an extensive narrative description of the program planning and evolution. In this manner it is hoped that future programs will benefit from aspects of the BEEP experience that are pertinent to their community.

V. IMPLICATIONS FOR LIBRARIANS

If the Brookline Early Education Project is successful its impact will extend beyond the local community and perhaps ultimately influence a shift in national educational policy toward increased concern for the earliest years of life.

In the meantime, while the BEEP toddler and prekindergarten programs are still on the drawing board and we await the results of the long term BEEP evalution, there are immediate implications of the BEEP model for librarians. We submit that librarians can now provide substantial information to parents of young children, to help the parents in at least four areas.

1. Develop appropriate expectations, alternative strategies and plans based on sound understandings of:

   -- the birth process

   -- sleep, feeding and crying behaviors

   -- sequences of development

   -- wide range of individual differences among babies; to help avoid feelings of guilt for babies who are "difficult to console" and to understand that spurts and lags in various areas of development can be expected

2. Be well-informed advocates for their child's health and education

   -- gain confidence necessary to know what questions to ask

      a) of their pediatricians
      b) in selecting daycare centers
      c) in utilizing existing social service agencies
      d) in providing proper nutrition

3. Make better use of available information

   -- Librarians can help, by creative outreach strategies for families who are unlikely to seek out education and support services

4. Recognize the importance of reserving some time each day for the child:

   -- time in which neither parent nor child are hassled

   -- "sharing time," for reading, playing, talking

   -- time in which there is an opportunity for the parent to enjoy and appreciate the child for the unique, special individual that he or she is.

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